

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 4 1948
Registration District No. 199

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33048**
4148
Registrar's No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3600 Madison Ave /
Wineyard Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
50 Years (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mrs Leslie Hert PIGG
3. (b) If veteran, name war None 3. (c) Social Security No. 490-16-7243

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Odle Pigg 6. (c) Age of husband or wife if alive 20 years 1881

7. Birth date of deceased May 20 (Month) (Day) (Year)
8. AGE: Years 67 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Wayne County Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business At Home
12. Name Joseph Hert
13. Birthplace Unknown Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Arnellia Slagel
15. Birthplace Unknown Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs L.A. Hughes
(b) Address 3600 Madison Ave
17. (a) Burial (b) Date thereof 10-13-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gren Lawn Cemetery
18. (a) Signature of funeral director France Wornall
(b) Address Kansas City Missouri

19. (a) 10-12-48 (b) Sherdine Holmes (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 8001 Euclid Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th year 1948 hour 8:30 minute A.M. M.

21. I hereby certify that I attended the deceased from September 4th 1948 to 10/9/48 that I last saw him alive on 10/7/48 and that death occurred on the date and hour stated above.

Immediate cause of death Massive Hemorrhage in stomach from esophagus, varices Duration 1-2 hrs
Due to esophageal varices 2 yrs
Due to portal cirrhosis of liver 2-4 yrs

Other conditions (Include pregnancy within 3 months of death) 1248

Major findings: Of operations _____
Of autopsy as above
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature W. P. Jacob (Specify type of place) _____ (M. D. or other) _____
Address 720 Bryant Blvd Date signed 10/12/48

Handwritten notes:
No. 1000
10/10/10
10/10/10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Forest Ronald Coldman

Registered Apprentice No. *225*

working under my personal supervision.

Signed *Russell W. France*

Licensed Embalmer No. *255*

P. O. Address *W. C. M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.